



THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

Dr. Leach's Address at MCH Conference

*- Remarks by Rice C. Leach, M.D.
to the 2001 Maternal and Child
Health Conference, Louisville, Ky,
September 19, 2001*

Thank you Dr. Davis for that kind introduction. It is always a pleasure to have a chance to address this group of folks who are so committed to making things better for our mothers and children.

Before I start, I want to recognize some people who are here today. First, Judy Myers is here with several nursing students from Indiana University Southeast in New Albany. As it turns out some of them know my son George who drives ambulances for Yellow

Ambulance in Indiana. Then there is Sidney Jane Campbell who has attended 42 of the 44 Helen B. Fraser Conferences. I asked her why she missed two and she said that she was not working for the state for the first two. Forty-two conferences, that is quite a record. Finally, I want the group to know that there is a second generation Davis in the audience. I won't embarrass her by identifying her but...Baby Doc's daughter has joined the Public Health Team.

Thank you again for asking me to step in for Dr. van Dyke. I can only imagine what he is doing now that Secretary of Health and Human Services Thompson has "activated" the Commissioned Corps of the U.S. Public Health Service to help in New York and Washington. I recall that in 1990 I was chief of staff to Surgeon General Antonia Novello when the Iraqis invaded Kuwait. At that time

I was involved in some of the medical planning with the Department of Defense, with planning for responses to biologic attacks in the United States, and at one time was the officer designated to determine how many physicians could be sent to the military if the doctor draft had been reactivated. Dr. Novello is in the middle of it again, this time as commissioner of public health for New York State.

It seems like everyone speaks about Tuesday, September 11, 2001, and I am going to do the same thing...partly because it is on everyone's mind these days but also because what happened last week has so many long term implications for public health and for maternal and child health. I thought a lot about what I could share with you that might be meaningful. Goodness knows there is a lot of bad news out there, there is some discouraging news,

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there is a little encouraging news, and, believe it or not, there is some good news if you just look for it.

I want to draw on my own experiences to share with you what I think will happen and what all this will mean for public health, for maternal and child health, and for health care in general. I hope to say some things that will encourage you, I will say some things that will challenge you, and I will say some things that will annoy us.

For starters, lots of things changed last Tuesday and some things didn't change at all.

Take our mission. I don't think it changed at all. Remember, public health is not just the people who work for the health departments. It's all of us...it's everyone we need to prevent disease, prolong life and promote physical health through organized community effort.

*Public Health is in business to help people be well...*all kinds of people...old people, young people, gay people, straight people, little people, middle sized people, pregnant people, good people, not so good people, heroic people, average people, Christians, Jews, Moslems, Hindus... everyone. Public Health spends most of its time by preventing illness and injury and we do that by identifying risks and taking steps to reduce them...and we spend some of our time treating selected communicable diseases.

Next...Our mandates did not change at all. Kentucky's statutes

direct that the Health Department *shall*:

- ? enforce public health regulations,
- ? control communicable diseases,
- ? maintain surveillance on the distribution of diseases, births, deaths, etc.,
- ? perform public health education activities,
- ? respond to emergencies,
- ? identify risks and take steps to reduce them, and
- ? set public health policy.

Our funded activities continue to include:

- ? family planning,
- ? prenatal care,
- ? well child care,
- ? adult preventive services,
- ? chronic disease control, and
- ? WIC services.

I think our focus will change and how we go about our business will change. As a public health official, I am pretty sure I view things differently from many of you. As commissioner, I am sure that the way I take care of my patient will change. Let me tell you about my patient.

My patient tends to be pretty well insured since 85% of us have good health insurance through our work, through Medicaid, or through Medicare. Unfortunately, my patient's health insurance generally won't pay me to take care of her until he becomes ill and has a diagnostic code to go with the CPT code. This is probably why my patient is so unhealthy. Look at him, she is:

- ? increasingly obese,
- ? increasingly diabetic,
- ? increasingly sedentary,

- ? smokes more than most,
- ? is likely to develop cardiovascular disease,
- ? is likely to develop hypertension,
- ? rides elevators instead of walking up a flight of stairs,
- ? has allowed his schools to virtually eliminate health education and physical education from the curriculum,
- ? speaks more and more Spanish every day,
- ? is more likely than most to have a low birth weight baby,
- ? and appears to believe that most of these terrible health status indicators will all go away if we could just get health insurance for that last 15% of the population.

Today my patient is worried about traveling by air, worried about things like bioterrorism, chemical terrorism, and terroristic use of weapons of mass destruction.

The world in which we operate is also changing very rapidly. My patient's third party payer is having serious fiscal problems. His federal funding doesn't have the buying power it used to have, her family won't vote for tax increases to raise Medicaid funding, and his state and local economies appear to be headed for trouble. The board of directors of her HMO (aka Congress, the general assembly, and the fiscal court) is increasingly likely to insist on accountability across the board. They want some *results* for their investment. They want to see declines in low birth weight, declines in infant mortality in every county, increases in immunization rates for children, fewer neural tube defects in newborn babies, more metabolic

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testing for the same resource, and no outbreaks of communicable disease from West Nile infected birds or terrorists. They don't want to have to experience the trauma of finding homes for the children and families of the hundreds or thousands of young men and women taken from us on 9-11 in Washington and New York.

So what does all this have to do with maternal and child health, accountability, and current and future program activities?

I think that we are going to see a shift in the national mood toward increased investments to reduce the risks of terrorism and a real or relative decline in funding for many of the programs we have come to rely on.

I see a renewed emphasis on identifying all kinds of health risks and taking steps to reduce them at all levels of society.

I see an increased emphasis on teaching people how to take better care of themselves. I see a shift in priorities from what has been a heavy emphasis on the individual to a greater emphasis on the community. After all, if we can decide to destroy a domestic airliner full of civilians for the benefit of the common good, how long can it be before that logic gets transferred to other activities we have taken for granted? I think we will see a significant emphasis on support for those who come together for the common good and a decline in support for those who wish to go it alone.

What should we work on together? I think we will be expected to take better care of ourselves and our children. I think there will be public support for telling us how to take care of ourselves and relatively less funding to treat conditions that we could have avoided. All of this may sound a bit gloomy and it is. Fortunately for Kentucky, many different kinds of policy makers have set a stage that will allow us to deal with a new reality.

Governor Patton and the General Assembly took some bold steps during the 2000 session when they funded the Early Childhood Development initiative and other health related initiatives. Think about the determination it took for a tobacco producing state's elected officials to spend half of the General Settlement on health related issues like **Kids Now**, tobacco cessation, Alcohol and Substance Abuse Programs, cancer research, and high risk insurance policies. Most of the health funding focused on helping people be well when it could have gone for many other programs. Some states used all of their tobacco settlement funds to pay for on-going services. Kentucky had a vision for the future.

I believe that there will be more of a transition from patient care to a population focus and increased support for information systems. Fortunately for Kentucky, the General Assembly has provided the means for training our staff to make the transition from a heavy emphasis on clinic-based activities to an increased emphasis on

population-based public health.

The CDC and other federal agencies have funded several programs to strengthen our response to terrorism. We have completed an inventory of laboratory capability; we have begun to develop an information system to track findings suggestive of bioterrorism; and, a month ago, the CDC, state, and Jefferson County officials performed the first actual test to ship the emergency medical supplies. A bioterrorism drill with a suspected aerosol dispersment of tularemia in Louisville led to a decision to ship the "12 hour push pack" into Louisville. It arrived at 3 a.m. at the National Guard facility at the airport where a squad of military personnel repackaged pills (vitamins) for distribution to the population within 18 hours of the event. The test was declared a success by the CDC. Less than four weeks later, the supplies were shipped to New York.

Agencies of the United States Public Health Service have a long history of working with local health officials and practitioners to train them to respond to health threats. In the current situation, I think it is reasonable to assume that the CDC will develop courses to teach practicing physicians, nurses, and laboratorians to think about plague, small pox, tularemia, anthrax and other possible biologic threats and to know how to respond if they see them. I think it is likely that the training done by the FDA and the CDC on food safety are likely to teach audiences like this to recognize unusual forms

of food borne illness.

This need to share responsibility is reemerging in the physician community. Just last week Dr. Don Neel of Owensboro became the next president of the Kentucky Medical Association on September 12. Dr. Neel is a pediatrician, which by definition puts him squarely in the public health area because so much of any pediatrician's practice is communicable disease control, health education, surveillance, and risk identification and reduction. In addition to this, Dr. Neel was in the first class to graduate from the University of Kentucky College of Medicine. That means that he was required to spend three months of his senior year on a community medicine rotation. Couple that with the fact that Senator Wendell Ford is his brother-in-law and you get the picture...a physician with a wide angle lens on his outlook. In any case, his address called on Kentucky's doctors to pay more attention to the organization's commitment to citizenship...one of the founding principles upon which the KMA was founded in 1851. He talked about community and public health several times and made it clear that physicians need to play a key role in making Kentucky a healthier place to live, not only by curing disease but also by looking for ways to prevent its occurrence in the first place. After he concluded his remarks, a surgeon in the audience said to me, "Well, it looks like we will be working more closely with you this year." My response to him was, "In the current circumstances, all of us need to be working closely with each other."

I have talked about some of the things being done at the federal and state level to help us realize that we are all in this together and that there is no such thing as your side of the canoe is leaking.

What about the things that can be done locally and individually?

What about smoking? What are you doing where you live to get today's young people to avoid the smoking habit. We have to work together and we have to start when they are quite young, because in Kentucky, they have a brand preference by the 8th grade! That's right 8th grade. What are you doing in your daily work to get serious about youth smoking? What about smoking in pregnant women? Who is making a serious effort to convince them or their spouses to stop smoking? Did you know that the decrease in cancer deaths associated with meaningful physician dialog and work with their patients who smoke is the same as the decrease in cancer deaths associated with routine mammography? It is.

This conference is dedicated to making things better for mothers and babies including reducing the number of low birth weight babies. I am sure that most of you know that smoking causes low birth weight. Given that fact, I have to tell you that seeing so many participants in this conference smoking out there in the hall next to the signs that say PUBLIC HEALTH CONFERENCE sends the wrong message. Please smoke somewhere else. The Kentucky

Public Health Association managed to ban smoking at its meetings. Surely the MCH conference can do the same. Dr. Davis, when you announce the meeting next year, please be sure to make it clear that smoking in the area near the conference rooms is discouraged.

Then there is drug abuse. I believe it was last year at this conference we heard a dramatic presentation on the impact of alcohol, drugs, and tobacco on intrauterine brain development. The state has appropriated several million dollars to treat Medicaid eligible women who abuse substances. The programs in Lexington and Louisville that treat these women have had very good results... something like 70% or more of the babies are born without exposure to these substances. But there is one big problem. The treatment facilities cannot get to the patients. What are you doing to try to get your patients into treatment? Does your practice setting have a relationship with a drug treatment facility that can help them? Is anyone working with the people that drug abusers trust to try to get them into treatment? In some parts of Kentucky, these health issues are very prevalent among the minority populations. Who is working with those groups to see what can be done to help? The work is difficult but the payoff is incredible. Mothers who had several children taken away from them have regained their lives and say things like, "this time I can raise my baby."

What about our individual

commitment to a healthy life style. Are you overweight or do you smoke? Are you doing anything about it? Do you ride elevators or do you walk up the stairs. Do you park a distance from the place you plan to go or do you drive around waiting for the closest parking place? If Kentucky were to experience an event like the one in New York, could you and the people you work with endure the physical stress associated with responding?

Do you think it's in your best interest to be as healthy as you can just in case the country and the state have to reassess their commitment to publicly funded medical care? Do you think the benefit package will change?

I think that all of us need to take stock and change our life styles so we will be able to launch the next generation. I think we need to work with the school system to get health education and physical education back on the curriculum. It's great that we are making such strong efforts to educate the children's minds but what about their bodies and spirits? The Greeks realized over 3500 years ago that it takes all three to make it in this world...a healthy mind, body, and spirit.

This meeting agenda addresses many of the things I have talked about. There are sessions on obesity and how to manage it, an excellent talk by Gwen Mayes on women's health and how to promote it, Early Childhood Development and its successes, tobacco and successful

interventions, and teaching strategies, low birth weight, surveillance, diabetes, physical activity, cultural competency, violence, and a host of other meaningful topics.

Let me close by reminding us that we are working in the first state to ever hold a public small pox vaccination program, we are meeting in the first county to organize a public health department, our state medical association was founded in response to a cholera epidemic that killed a third of the people in Lexington in the 19th century, and just down the street, a man who played on my high school football team just installed two artificial hearts for the first time in history.

Folks, we will do all right. It's just going to require that most difficult of human endeavors...learn how to change.

ACH Anecdotes

Free, Low Cost Screenings Offered During Breast Cancer Awareness Month In October:

The Kentucky Women's Cancer Screening Project (KWCSF) is promoting the availability of free or low-cost mammograms and breast exams to eligible women in conjunction with Breast Cancer Awareness Month in October.

"For every woman 40 and older, please remember that clinical exams and mammograms are essential. These steps, as part of a woman's yearly physical, are at the forefront of ensuring the well-being of women," said First Lady Judi

Patton, Chair of the Governor's Task Force on Breast Cancer and Honorary Chair for the Kentucky Breast Cancer Coalition. "Medical technology continues to advance treatment, and researchers continue to seek cures. But at this point, our most vital weapon in the battle against breast cancer is early detection. It does save lives."

The KWCSF, implemented by the Kentucky Department for Public Health and local health departments, provides free or low-cost breast and cervical cancer screening services for women who are uninsured or underinsured. These services include mammograms, clinical breast exams, instruction in breast self-examination, pelvic exams and Pap smears, and they are provided through the local health departments in all 120 counties in the state.

Who is eligible? Uninsured women ages 40 and older who have:

- Annual incomes at or below the federal poverty level are eligible for free annual mammograms and clinical breast exams. (The poverty level for a family of four is \$17,650 a year.)
- Annual incomes up to two-and-one half times the poverty level are eligible for these services at low cost on a sliding fee scale. There may be a minimum fee.

During fiscal year 2000, 13,887 women received screening or diagnostic mammograms through the KWCSF. During the 1998-99 fiscal year, 115 breast cancers were

detected through the screening project. Seventy-three (or 63 percent) of those cancers were detected in the early stage, when treatment is most successful and women can look forward to a normal life expectancy.

Breast cancer is one of the leading causes of death among women in Kentucky. There are about 2,700 new cases of breast cancer in Kentucky each year, and about 620 Kentucky women die each year from the disease. Early detection and prompt treatment of breast cancer can significantly reduce the suffering and death caused by this disease.

Experts also say a mammogram, or breast X-ray, can detect a tumor before a woman or her physician can feel it. Women diagnosed early by an annual mammogram experience a 90 to 95 percent survival rate.

Breast Cancer Awareness Month grew out of the efforts of former First Lady Betty Ford, a breast cancer survivor, and her daughter, Susan Ford Bales, both of who recognized a lack of adequate public information about the disease. This year marks the 16th anniversary of National Breast Cancer Awareness Month, observed each October by organizations and communities across the country to promote education about breast cancer, which is the second-leading cause of cancer death among U.S. women.

For more information about the Kentucky Women's Cancer

Screening Project, call Pamela Spradling, public education coordinator, at (502)564-7996. For questions about where to get a mammogram, call your local health department or call toll-free 1-800-462-6122.

- extracted from a September 24, 2001 news release written by Pamela Spradling, Division of Adult & Child Health

Central Office Comments

Kentucky Medical Association Approves Resolutions on Smoking Cessation, Immunizations:

The Kentucky Medical Association (KMA) recently gave its support to two health initiatives supported by tobacco settlement funds.

During the KMA's annual meeting this month, delegates approved a resolution that endorsed the Department for Public Health's smoking prevention and cessation effort. Another resolution reaffirmed the group's support of funding for additional immunizations through Gov. Paul Patton's Early Childhood Initiative called KIDS NOW.

"Many families have insurance with high deductibles or have policies that do not cover vaccines or well childcare," said Dr. Donald R. Neel, an Owensboro physician who was elected KMA president. "Because of the vaccine funds supplied by the state, I have been able to fully immunize children of these underinsured families."

Gov. Patton and the 2000 General Assembly appropriated \$5.5 million for smoking prevention and cessation efforts. That money has helped place coordinators in all local health departments to assist local communities in learning about the health risks of smoking, help people quit and encouraging youths not to start using tobacco.

The resolution noted that tobacco use is the single most preventable cause of death in Kentucky and that the state has one of the highest rates of youth tobacco use in the country. The resolution noted that the department was implementing a statewide prevention and cessation program that provides "an opportunity to improve the lives of Kentucky children by lowering the short- and long-term health risks of Kentucky youth who use tobacco."

Since July of 2000, an additional 10,000 children received immunizations thanks to the \$2 million a year that was part of the KIDS NOW package. Besides immunizations, the KIDS NOW initiative is also providing folic acid to women to help prevent birth defects, hearing screening for babies, a home visitation program for new parents, substance abuse treatment for pregnant women and a quality rating system for child care centers.

"We appreciate the support from the Kentucky Medical Association on these important efforts," Gov. Patton said. "The KIDS NOW initiatives are helping children across the state get a better start in life."

- extracted from a September 25, 2001 news release written by Gil Lawson, Office of Communications

Public Health Practice Reference Issued To Health Departments:

The Cabinet for Health Services' Department for Public Health has developed the Public Health Practice Reference, a set of clinical and service guidelines for local health departments.

These guidelines are essentially "our guarantee" to the citizens of what will be provided at local health departments, according to Dr. Rice Leach, Commissioner of the Department for Public Health. "This is the basis of our accountability," Leach said.

The reference is a list of basic guidelines for providing quality care. It is divided into topical sections such as "Prenatal," "Adult Preventive Guidelines," and "Diabetes" for easy use. Each section includes a description of history, assessment, management and referral activities. For example, the reference includes a list of what a local health department would do for a diabetes screening visit - such things as checking for relatives with diabetes as well as the patient's blood pressure and weight, counseling to be given and when to refer to a physician.

"This reference manual has been and continues to be a service tool for all 120 counties in Kentucky," said James R. Ratliff, director of the Gateway District Health Department and president of the Kentucky Health Department Association. "Each and every day

public health departments across Kentucky quietly deliver needed services such as, health education, well baby exams, immunizations, school health services, nutrition services, family planning services, school inspections and onsite sewage disposal. This manual provides consistency and direction for health departments to achieve better outcomes for all Kentuckians."

Sharon Stumbo, deputy commissioner, Sarah Wilding, chief nurse, and staff from the department as well as local health departments developed the reference. This group will recommend changes and updates in the reference and follow a defined process for dissemination of new information so that guidelines are consistent statewide. The reference is being sent out to local departments on computer discs, making it easy to find topics. Future plans include putting the Public Health Practice Reference on the Internet.

Comments or questions may be directed to Sarah Wilding at sarah.wilding@mail.state.ky.us.
- submitted by Sarah Wilding, Commissioner's Office, DPH

Women's Health Resource Center Available On Web:

The Office of Women's Physical and Mental Health has launched a "Women's Health Resource Center" on its website with information on numerous health topics affecting Kentucky's women.

Available with each health topic are hundreds of toll-free hotlines, a listing and links to federal and state offices and organizations, and local resources and statewide statistics - all specific to each health topic.

The website address is:

<http://chs.state.ky.us/womenshealth>

The website also includes an events calendar which provides information on upcoming conferences, meetings, and other events related to women's health.

Visitors to the website may order **one free copy** of the 2002 Women's Health Data Report which will be released in early 2002. They can submit their request on-line and also join the women's health mailing list. Once published, the report will be available to view and download from the website.

"The goal of an internet-based women's health resource center is to effectively reach women throughout Kentucky with relevant health information and resources to improve both their physical and mental well being," said Gwen Mayes, executive director of the Office of Women's Physical and Mental Health, based in the Cabinet for Health Services. "By raising health awareness, providing answers to many women's health questions, and linking them to appropriate resources, the resource center has the potential to help women make good health a habit."

- extracted from a September 27, 2001 news release written by Gwen Mayes, Office of Women's Physical & Mental Health

EPI Epistles

Birds in Jefferson, Woodford counties found with West Nile Virus

The Kentucky Department for Public Health announced today that preliminary tests of four dead birds from two Kentucky counties - Jefferson and Woodford - indicate they had the West Nile virus.

One bird, a grackle, was submitted from Woodford County and three birds -- a crow and two sparrows -- were submitted from Jefferson County. The bird surveillance for West Nile virus is being conducted in cooperation with the Kentucky Department of Fish and Wildlife Resources. There have been no confirmed cases of West Nile virus in humans in the state and only one confirmed equine case that was reported on August 31, 2001.

The tests of the four birds at the University of Kentucky Livestock Disease Diagnostic Laboratory indicated they were preliminarily positive for West Nile virus. Samples will be sent to the National Wildlife Laboratory in Madison, Wis., for confirmation.

The Department for Public Health urges all Kentuckians to take precautions against mosquito bites. **The risk of contracting West Nile virus or other arboviruses** (St. Louis encephalitis, Eastern equine encephalitis and LaCrosse encephalitis) **is very low.** Even in areas where mosquitoes carry the virus, very few mosquitoes - less than 1 percent - are infected, according to the Centers for Disease Control and Prevention. Severe illness results

in fewer than 1 percent of people bitten by infected mosquitoes. Most people who are exposed to the virus will not show symptoms. Even people living in at-risk areas are unlikely to get sick from exposure to the virus.

West Nile virus is spread to birds, humans, horses and other mammals only through the bite of an infected mosquito. Most humans bitten by an infected mosquito do not get sick or have a very mild flu-like illness. The elderly have an increased risk for serious illness from West Nile virus. (As of Sept. 18, there had been 12 confirmed human cases of West Nile virus in the U.S.)

The department requests Kentuckians to continue to report dead birds, especially crows, blue jays and raptors. Dead bird reports should be made to the Department for Fish and Wildlife Resources at 1-800-858-1549, ext. 352 or to your local health department.

The following precautions are recommended to reduce the risk of exposure to mosquitoes.

- **Stay indoors during peak mosquito hours (normally in the evening).**
- **Wear long sleeved shirts, long pants, shoes and socks when you are outdoors and mosquitoes are active.**
- **Use mosquito repellent, being sure to follow instructions on product.**
- **Turn over or remove containers that collect water such as old tires, buckets, flowerpots and other containers.**

- **Clean out birdbaths and wading pools once a week.**
- **Clean roof gutters and downspout screens regularly.**

Additional information about West Nile Virus is available on the Department for Public Health's website at http://publichealth.state.ky.us/west_nile_virus.htm

- extracted from a September 19, 2001 news release written by Sue Billings, Division of Epidemiology & Health Planning

PHPS Passages

September is Food Safety Education Month:

Gov. Paul E. Patton has proclaimed the month of September as Food Safety Education Month in Kentucky.

The Cabinet for Health Services' Food Safety Branch, in cooperation with local health departments, the Kentucky Restaurant Association, the Kentucky Grocers Association, the Food and Drug Administration, the U.S. Department of Agriculture, the International Food Safety Council, and the Kentucky Food Safety Task Force, are taking part in observance of Food Safety Education Month in Kentucky.

These groups are committed to heightening awareness of food safety education and support this important food safety initiative. The month long observance focuses attention on the importance of safe food handling and the need for food refrigeration. This year's theme is "Be Cool-Chill out! Refrigerate Promptly."

According to recent consumer research, Americans are more concerned about food safety today than ever before.

“Fortunately, most foodborne illness can be easily prevented by preparing and handling food properly both in food establishments and in the home,” said Guy Delius, manager of the Food Safety Branch for the Cabinet for Health Services. “We certainly wish to take advantage of such a opportune time to further promote the importance of having safe food in this Commonwealth and to heighten the public awareness of just how important it is for all of us to have well trained food workers and a safe food supply.”

During September, state and local health departments, food service establishments and retail markets will be participating by conducting training activities for restaurant and food industry professionals as well as communicating the importance of food safety to the public.

One of the most important and easiest ways to prevent the spread of illness through food is by washing your hands before preparing food. Another way to avoid illness is to read food product labels and safe handling instructions on fresh meat and poultry. Food processors tell you on the packages how to properly handle and prepare meats properly.

For more information on Food Safety Education Month, call the

state Food Safety Branch at (502) 564-7181.

- *extracted from a September 13, 2001 news release written by Gil Lawson, Office of Communications*

Staff Spotlight

Outstanding Health Educator in Buffalo Trace District:

The American Cancer Society's Region 2, (Kentucky – Tennessee region) recently honored Ms. Allison Adams, Health Educator for the Buffalo Trace District Health Department. Ms. Adams was recognized for her innovative and creative ideas in presenting Cancer Control at the Relay for Life event held in May. Allison utilized the popular *Survivor* television show to provide her inspiration for activities, an immunity idol and a spirit of friendly competition among teams as they learned facts and preventions for various types of cancer. Allison taught Mason County Relay for Life participants as well as Region 2 Relay for Life planners that Health Education could be entertaining as well as informative when creativity and imagination are utilized.

Allison has been employed at the Buffalo Trace District Health Department since November 2000; she lives in Washington with her husband Brian and daughter Chloe. The Buffalo Trace District Health Department is very proud of Allison and we look forward to more creative and innovative programs in the future in the Buffalo Trace area.

- *submitted by Suzie Hamm,
Buffalo Trace District Health
Department*

Training Tidbits

RTC Training Courses – FY02

The Emory University Regional Training Center, Atlanta, GA, will provide fourteen (14) course offerings during fiscal year 2002 (July 1, 2001– June 30, 2002). The new schedule of RTC offerings will be published soon. After the schedule is out, *any LHD employee wishing to attend an offering should contact their District Training Contact or LHD Administrator for course content and a registration form.*

You may contact Ms. Sandy Williams with any other questions regarding RTC opportunities at 502-564-4990.

Video / Audio Tapes ALERT:

If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to:

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